

# Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

FILED  
05 JUN 10 PM 12:42  
FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Glaeden for Judge</b>						Registration Number, if PAC					
Full Name of Candidate <b>Carrie E. Glaeden</b>											
Street Address <b>100 South Third Street</b>						Office Sought <b>Franklin County Municipal Court, Unexpired</b>			District <b>Term Ending 1/04/10</b>		
City <b>Columbus</b>						State <b>O H</b>		Zip Code <b>43215</b>			
Type of Report (Please check the date of report)	Pre-Primary		<input checked="" type="checkbox"/>	Post-Primary		Pre-General		Post-General		Annual Year	
	July			August		September		Termination			
	Monthly			Monthly		Monthly		Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M <b>0</b>	D <b>5</b>	Y <b>0</b>	<b>3</b> <b>0</b> <b>5</b>

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	2,521.50
2. Total monetary contributions (From Form No. 31-A)	\$	8,375.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	10,896.50
5. Total monetary expenditures (From Form No. 31-B)	\$	2,430.00
6. Balance on hand (line 4 minus line 5)	\$	8,466.50
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	814.19
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-K)	\$	4,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**Kurtis A. Tunnell, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution  
pages 5

Expenditure  
pages 1

Other  
pages 3

Total  
pages 9

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Glaeden for Judge</b>							
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	4	1	4	05 8,375.00
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must

appear. R.C. 3517.10(B)(4)

Page Total \$ 8,375.00

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Glaeden for Judge</b>									
To Whom Paid <b>Franklin County Republican Party</b>						M	D	Y	Amount
						0	4	2	1,000.00
Address <b>14 E. Gay Street</b>						Purpose <b>Contribution</b>			
City <b>Columbus</b>						State <b>O   H</b>		Zip Code <b>43215</b>	Check Number <b>1056</b>
To Whom Paid <b>American Strategies, LLC</b>						M	D	Y	Amount
						0	5	0	1,430.00
Address <b>5980 Wilcox Place, Suite E</b>						Purpose <b>Campaign consulting, implementation &amp; fundraising</b>			
City <b>Dublin</b>						State <b>O   H</b>		Zip Code <b>43016</b>	Check Number <b>1057</b>
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number

Page Total \$ 2,430.00

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>					
Full Name of Contributor <b>Michael W. Tanner</b>			Registration Number, if PAC		
Street Address <b>325 Blandford Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>43085</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Kristin L. Watt</b>			Registration Number, if PAC		
Street Address <b>4445 Castleton Road, W</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43220</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>James K. Hunter, III</b>			Registration Number, if PAC		
Street Address <b>529 S. Third Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Charley Hess</b>			Registration Number, if PAC		
Street Address <b>7211 Sawmill Road, Suite 200</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>
City <b>Dublin</b>	State <b>O</b>	Zip Code <b>43016</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Sanford J. Cohan *</b>			Registration Number, if PAC		
Street Address <b>2500 Corporate Exchange Drive</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>4</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43231</b>	Amount <b>275.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Herbert for Judge</b>			Registration Number, if PAC		
Street Address <b>865 Macon Alley</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>275.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Steven Mathless *</b>			Registration Number, if PAC		
Street Address <b>800 E. Broad Street</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>4</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43205</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	

\* Franklin County Court Appointee

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,000.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>					
Full Name of Contributor <b>Christopher T. Cicero *</b>				Registration Number, if PAC	
Street Address <b>1308 W. Mound Street</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>		State <b>O</b>		Y <b>0</b>	Amount <b>275.00</b>
		Zip Code <b>43223</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Sharon L. Reichard</b>				Registration Number, if PAC	
Street Address <b>1987 Haverton Drive</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Reynoldsburg</b>		State <b>O</b>		Y <b>0</b>	Amount <b>275.00</b>
		Zip Code <b>43068</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Michae J. Morrissey</b>				Registration Number, if PAC	
Street Address <b>34 W. Whittier Street</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>		State <b>O</b>		Y <b>0</b>	Amount <b>275.00</b>
		Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Fraternal Order of Police of Ohio, Inc. PAC</b>				Registration Number, if PAC <b>OH 196</b>	
Street Address <b>222 E. Town Street</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>		State <b>O</b>		Y <b>0</b>	Amount <b>275.00</b>
		Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Wiles, Boyle, Burkholder &amp; Bringardner PAC</b>				Registration Number, if PAC <b>CP 1058</b>	
Street Address <b>115 W. Main Street</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>		State <b>O</b>		Y <b>0</b>	Amount <b>550.00</b>
		Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>S.M.D./H.L.S. Bonding Co. LLC</b>				Registration Number, if PAC	
Street Address <b>571 S. High Street</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>		State <b>O</b>		Y <b>0</b>	Amount <b>550.00</b>
		Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Carlile, Patchen &amp; Murphy LLP</b>				Registration Number, if PAC	
Street Address <b>366 E. Broad Street</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>		State <b>O</b>		Y <b>0</b>	Amount <b>500.00</b>
		Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>	

\* Franklin County Court Appointee

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,700.00

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>						
Full Name of Contributor <b>Carpenters Local Union No. 200 PAC</b>			Registration Number, if PAC <b>LA 787</b>			
Street Address <b>1545 Alum Creek Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>550.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43209</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Vorys, Sater, Seymour and Pease LLP Advocates for Effective Gov't</b>			Registration Number, if PAC <b>OH 108</b>			
Street Address <b>52 E. Gay Street, P.O. Box 1008</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Raymond J. Mularski</b>			Registration Number, if PAC			
Street Address <b>107 W. Johnstown Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Bricker &amp; Eckler LLP State Political Action Committee</b>			Registration Number, if PAC <b>OH 821</b>			
Street Address <b>100 S. Third Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>David B. Belinky *</b>			Registration Number, if PAC			
Street Address <b>326 S. High Street, Suite 300</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Koffel &amp; Jump</b>			Registration Number, if PAC			
Street Address <b>2130 Arlington Avenue</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>750.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43221</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Samuel H. Shamansky Co., LPA</b>			Registration Number, if PAC			
Street Address <b>511 S. High Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>1,000.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			

\* Franklin County Court Appointee

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 3,500.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>						
Full Name of Contributor <b>Philip B. Kaufman</b>			Registration Number, if PAC			
Street Address <b>341 S. Third Street, Suite 300</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Downes, Hurst &amp; Fishel</b>			Registration Number, if PAC			
Street Address <b>400 S. High Street, Suite 200</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>275.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Connor Behal LLP</b>			Registration Number, if PAC			
Street Address <b>501 S. High Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>275.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>David P. Rieser</b>			Registration Number, if PAC			
Street Address <b>844 S. Front Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>275.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Committee for Judge Schneider</b>			Registration Number, if PAC			
Street Address <b>865 Macon Alley</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**8,375.00**

Total expenditures this event

Page Total \$ **1,175.00**

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Glaeden for Judge</b>			
Full Name of Contributor <b>Samuel H. Shamansky Co., LPA</b>		Employer, Occupation, Labor Organization *	
Street Address <b>511 S. High Street</b>		Description of Item or Service <b>Food/Beverages</b>	
City <b>Columbus</b>		State <b>O</b>   <b>H</b> Zip Code <b>43215</b>	
		M   D   Y   Fair Market Value <b>0</b>   <b>4</b>   <b>1</b>   <b>4</b>   <b>0</b>   <b>5</b>   <b>814.19</b>	
		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State   Zip Code	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State   Zip Code	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State   Zip Code	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State   Zip Code	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State   Zip Code	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State   Zip Code	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State   Zip Code	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear.  
[R.C. 3517.10(B)(4)]



# Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Glaeden for Judge</b>																	
From Whom Received <b>Carrie E. Glaeden</b>										Prior Amount <b>\$4,000.00</b>			Amt. Incurred this Period <b>0.00</b>				
Address <b>5142 Highland Meadows Drive</b>													Outstanding Balance <b>\$4,000.00</b>				
City <b>Hilliard</b>		State <b>OH</b>		Zip Code <b>43026</b>		Loans Received This Period					Payments This Period						
						Date		Amount			Date		Amount				
						M		D		Y	\$	M		D		Y	\$
											<b>0.00</b>						<b>0.00</b>
Registration Number, if PAC																	
Employer/Occupation/Labor Organization																	

  

From Whom Received															Prior Amount			Amt. Incurred this Period	
Address																		Outstanding Balance	
City		State		Zip Code		Loans Received This Period					Payments This Period								
						Date		Amount			Date		Amount						
						M		D		Y	\$	M		D		Y	\$		
												M		D		Y			
Registration Number, if PAC																			
Employer/Occupation/Labor Organization																			

  

From Whom Received															Prior Amount			Amt. Incurred this Period	
Address																		Outstanding Balance	
City		State		Zip Code		Loans Received This Period					Payments This Period								
						Date		Amount			Date		Amount						
						M		D		Y	\$	M		D		Y	\$		
												M		D		Y			
Registration Number, if PAC																			
Employer/Occupation/Labor Organization																			

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$ 4,000.00

<sup>2</sup> Total received this period \$ 0.00 (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ 0.00 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ 4,000.00 (To Form No. 30-A)